STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675489	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Devine Health & Rehabilitation	104 Enterprise Ave Devine, TX 78016

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident who needed respiratory care, was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 7 residents (Resident #11) reviewed for quality of care. The facility failed to ensure Resident #11's oxygen nasal cannula was changed weekly per physician orders. This failure could place residents at risk of cross contamination and infection and illness.The findings were: Record review of Resident #11's face sheet, dated 02/24/2026 revealed an [AGE] year-old female with an admission on [DATE]. Resident #11 had diagnoses which included Congestive Heart failure (heart is not pumping properly), Senile Degeneration of Brain (brain tissue wastes away), and Amnesia (loss of memories).Record review of Resident #11's MDS, dated [DATE] revealed a BIMS score of 7, which indicated severe cognitive impairment.Record review of Resident #11's Care Plan, dated 12/30/2025 revealed, Check oxygen tubing/nasal cannula every night shift every Sun for change.Record review of Resident #11's Order Summary Report, dated 02/27/2026, revealed order, Change nasal cannula as needed. Observation on 2/27/2026 at 9:39 am revealed oxygen tubing dated 2/13/2026. Interview on 2/27/2026 at 11:08 am with LVN A revealed the resident's nasal cannula was dated 2/13/2026 which indicated it should have been changed on 2/22/2026. Interview on 2/27/2026 at 11:11 am, with the DON revealed the oxygen tubing should have been changed as per the physicians' orders to prevent any possible infections. Interview on 2/27/2026 at 11:15 am with the Administrator, she stated the oxygen tubing was not changed per physicians' orders and should have been to help prevent any possible infections. Record review of the facility's policy titled, Oxygen Administration, reflected The resident will maintain oxygenation with safe and effective delivery of prescribed oxygen.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE